



TOWN OF WESTMINSTER

11 South Street WESTMINSTER, MASSACHUSETTS

01473 (978) 874-7409 · Fax (978) 874-7462

BOH@westminster-ma.gov

BOARD OF HEALTH

Application for All Temporary Food Establishment Permits

Check which class applies:

☐ **Class 0** Temporary Food Establishment-non-profit organization provide 501C (3) **\$NC**

☐ **Class 1** Temporary Food Establishment Facility/vendor operates less than 14 days **\$25**
Or single event/ festival featuring prepackaged food, Non potentially hazard foods*

*Non potentially Hazardous Foods includes but not limited to: foods which do not require refrigeration.

☐ **Class 2** Temporary Food Establishment Facility/Vendor operates less than 14 day Single event featuring cooking and/or preparing and/ or serving meals on site (Tent or structure) **\$45**

☐ **Class 3** Blanket Permit-- 5 or more vendors with one overseeing manager. **Per Vendor is \$25**
Number of vendors _____ Answer questions on next page ***

☐ **Class 4** Seasonal Food Establishment-(Mobile unit, cart, tent) **For 6 months \$55**

All applicants/food vendors must fill out and attach pages 2 & 3 with application.

Applications are due complete with all documents 14 days before the event.

Name of Applicant: _____

Name of Event(s): _____

Date(s) of Event: _____

Location of Event: _____

Phone# work/home: _____ Cell#: _____

Email Address: _____

Name of certified person- in charge (PIC) of food: _____

PIC Home/work #: _____ Cell#: _____

Email Address: _____

Menu of food and beverages served: _____

Explain hand washing station set up _____

How will the temperatures be properly maintained at the event? _____



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How will the foods be transported to the event?: _____

Explain how sanitation will be maintained at the event?: _____

Sanitizer type in use?: _____

Describe how foods will be handled, served or distributed at the event?: _____

***** Class 3 permits only:** Complete on separate sheet. Please write legibly.

- Attach a list of all vendors and names of lead persons at each booth, attending this Event.
- Attach ALL foods or beverage items to be sold or distributed from each vendor's booth.
 - Attach all local BOH food permit, licenses, or serve-safe certifications for each vendor-label specific to each vendor- Submit to Westminister Board of Health.

All vendors must submit to BOH:

- Serve- Safe Certificate and Allergen Awareness Certificate
- Current food vending license from local BOH or State Wholesale license
- Peddlers License if applicable
- Commissary letter. Required if you do not own a brick and mortar restaurant for food prep.
- Complete page 3 of the application listing out how all foods will be stored
- Check payable to "Town of Westminister"

This application is null without the proper approval by the BOH

I agree to strictly follow food safety and sanitary procedures to prevent cross contamination and food-borne illnesses according to MDPH Food Code, 105 CMR 590 in its entirety.

Signature _____ Date _____

Send by mail or e-mail to the Westminister MA Food Inspector:

aloree@westminster-ma.org



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Food Preparation at the Temporary Food Establishment

List each food item and identify where each preparation procedure will take place at the
Temporary Food Establishment.

FOOD	THAW How? Where ?	CUT/WASH ASSEMBLE Where?	COLD HOLDING How? Where?	COOK How? Where ?	HOT HOLDING How? Where?	REHEATING How Where ?	COMMERCIAL PRE PORTIONED PACKAGE